

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 MAY -7 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 501107

1. Corporation Name

PREINFLO CORP.

Principal Place of Business

Mailing Address

901 Ponce de Leon Blvd.,
Suite 501
Coral Gables, FL 33134

901 Ponce de Leon Blvd.,
Suite 501
Coral Gables, FL 33134

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
901 Ponce de Leon Blvd.

3. New Mailing Address, If Applicable
901 Ponce de Leon Blvd.,

4. Date Incorporated or Qualified
To Do Business in Florida

04/16/1976

Suite, Apt. #, etc.
Suite 501

Suite, Apt. #, etc.
Suite 501

5. FEI Number

Applied For

City & State
Coral Gables, FL

City & State
Coral Gables, FL

59-1744199

Not Applicable

Zip Country
33134 U.S.A.

Zip Country
33134 U.S.A.

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P.D.	MINI, JUAN	PRIMERA VIA 1-04	GUATEMALA, CA
VD	MINI, AYLEEN	PRIMERA VIA 1-04	GUATEMALA, CA

REINSTATEMENT 87-97
A. Alan
5/7/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

ANDRES J. IRIONDO

Street Address (P.O. Box Number is Not Acceptable)

901 PONCE DE LEON BLVD.,

Suite, Apt. #, Etc.

SUITE 501

City

CORAL GABLES

State

FL

Zip Code

33134

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

4/1/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

8800002178698--5
-05/14/97--01096--019
***1890.00 ***1890.00
(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the corporation has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/97

Date

305-445-0611

Daytime Phone #

CR20040 (12/95)